



Lifetime Income Retirement Plan Membership

Complete this form to apply for membership in the Lifetime Retirement Income Plan for the United Church of Christ

MEMBER ID: -
If New or Unknown leave Member ID blank

SSN: - -

PERSONAL INFORMATION

Member Name: Last _____, First _____, Initial _____

Address: _____ City: _____

State: _____ Zip: _____

Home Phone: (____) ____ - ____ Cell Phone: (____) ____ - ____ Email: _____

Gender: M [] F [] Date of Birth ____ / ____ / ____ Title: Rev. [] Dr. []
MM DD YYYY

Relationship Status: Single [] Married [] Divorced [] Widowed []

SPOUSE/PARTNER INFORMATION (if applicable)

Name of Spouse/Partner (last, first, middle initial): _____, _____, _____
Last First Initial

SSN: - -

Date of Birth: ____ / ____ / ____
MM DD YYYY

Date of Marriage ____ / ____ / ____
MM DD YYYY

EMPLOYMENT INFORMATION

Employee Type: [] Clergy [] Lay

For Clergy Only – Ordination Date: ____ / ____ / ____
MM DD YYYY

Employment Type: [] Full Time [] Part Time [] Contract

Average hrs. Worked per Week: _____

Conference: _____ Self Employed: [] Y [] N

Date of Hire: ____ / ____ / ____
MM DD YYYY

COMPENSATION/SALARY INFORMATION

Base Salary: \$ _____

Salary Effective Date _____ / _____ / _____
MM DD YYYY

Housing Allowance: \$ _____

Total Base Salary plus Housing Allowance: \$ _____

Note: Any changes to salary will be entered on the 1st of the month following the Salary Effective Date.

EMPLOYER PENSION DUES CONTRIBUTIONS

My employer will make the following contribution(s) into my Pension Account in the Lifetime Retirement Income Plan. All deductions are on a payroll frequency.

Employer contributions: _____%

Effective Date: _____ / _____ / _____
MM DD YYYY

Employer Matching Contributions: _____% up to _____% (for example 50% up to 6%, i.e., 3%)

Note: Any changes to contribution amounts will be entered on the 1st of the month following the Effective Date.

EMPLOYEE CONTRIBUTION AND INVESTMENT ALLOCATIONS

You can update/change and enroll in Pre-Tax/ After-Tax contribution as well as update your investment allocation by accessing the Member Portal.

Please log into www.pbucc.org click on Member Login> Access Fidelity NetBenefits® > Quick Links > Contribution Amount Investments.

To change your investments contributions, head to: www.pbucc.org> Member Login > Access Fidelity NetBenefits® > Quick Links, click on the drop-down menu to select Change Investments then Change Investment Elections. If you do not indicate your desired allocations, any contributions made on your behalf will be invested in the Target Annuitization Date (TAD) Fund most appropriate to your anticipated retirement timeline based on your age.

You can also update your employee contributions beneficiary(ies) information by logging into NetBenefits®. Log into to your account through www.pbucc.org >Member Login > Access Fidelity NetBenefits®, go to Profile and click on Beneficiaries.

EMPLOYEE (Member) AGREEMENT

As a Member (as defined in the Lifetime Retirement Income Plan document), I acknowledge that the Lifetime Retirement Income Plan document is available to me at www.pbucc.org, and I acknowledge that I shall always be subject to the terms and conditions of the Lifetime Retirement Income Plan document, as the same may be amended, modified, or supplemented at the sole discretion of The Pension Boards–United Church of Christ, Inc.

By completing and submitting this form, I hereby apply for membership in the Lifetime Retirement Income Plan for the United Church of Christ, in accordance with its Provisions, Rules and Procedures.

Employee Signature: _____

Date: _____ / _____ / _____
MM DD YYYY

EMPLOYER AGREEMENT

If you are a new Employer to the Pension Boards, you must complete a Qualified Church-Controlled Organization (QCCO) form and submit it to the Pension Boards at the address listed below of attach the form to the application for enrollment.

By signing this form, the Employer, by its duly authorized officer or other representative, hereby agrees to the provisions, rules, and procedures with respect to eligibility and contributions as indicated on this application, and in alignment with the Employer Adoption Agreement.

Employer Name: Brewster Place - 64100

Employer Address: 1205 SOUTHWEST 29TH STREET, TOPEKA, KS 66611

Name of authorized officer: _____
Please Print

Title of authorized officer: _____
Please Print

Signature of authorized officer: _____

Date: ____/____/____
MM DD YYYY

Please return this signed and completed form by email to: info@pbucc.org; by fax: 212.729.2701; or mail to: Pension Boards-UCC, 475 Riverside Drive, Suite 1020, New York, NY 10115.